1Q. On page 23, section (g), the RFP discusses the retention and storage of the "evidence sample *and* extract." Could this please be modified to "evidence sample ***or*** extract" since buccal swabs (unlike blood samples) can be stored at room temperature?

1A. DSS will agree that proposers can retain either the evidence sample or the extract and it shall be stored in a manner that minimizes degradation.

2Q. On page 26, section 3(c), the RFP discusses the turnaround time for cases. The turnaround time of 15 days is fine for PCR cases, but extra time is needed for the cases that require RFLP. Could the 15 day turnaround time be waived for RFLP cases?

2A. Yes, but only if the contractor requests and receives in writing an extension of time from the SEDM prior to the lapse of the fifteen (15) calendar days from the date of collection. Should the contractor not request and receive in writing from the SEDM an extension of time, DSS will not pay for these cases as stated in Attachment I, Scope of Services, Deliverables, Section (3)(c), page 26 of the RFP.

3Q. On page 26, section 3 (c), the RFP discusses the provision for late letters where analysis exceeds the required turnaround time, and the SEDM must agree in writing back to the laboratory to allow an extension of time. Could this please be modified to allow the lab, on a case by case basis, to notify the SEDM (or designee) that a specific case might require a few additional days for analysis as long as this notification is done within the specified turnaround time frame?

3A. No, the RFP will not be modified. DSS requires that the selected contractor(s) be able to comply with the requirement of producing the genetic tests within 15 calendar days from the date of collection. It is the intention of DSS that the only time that the contractor will seek and be granted an extension of time is in cases where additional testing is needed to provide conclusive results under the requirements of the RFP as provided in Attachment I, Scope of Services, Tasks and Services, Section (2)(b)(i)-(iv), page 21 of the RFP.

4Q. As a follow up to the pre-proposal conference, it is our understanding that the State requests only one price for all samples (including motherless cases) requiring both RFLP and PCR testing. Given the additional scope and cost required for these motherless cases, in what situations (aside from the mother being deceased) would the lab be requested to perform motherless testing? Can the State give an estimate as to how often motherless testing is requested when the mother is alive but not tested?

4A. Aside from the mother being deceased, motherless draws could be required of the contractor in foster care and juvenile delinquency cases (child in custody of state), kinship cases (relative has custody of a child), mother in military (unavailable), and in domestic violence matters. This list is illustrative and is not intended to include all of the situations which may be required of the contractor in motherless testing. DSS does not capture, nor does it have, statistics on the number of motherless cases where the mother is alive but not available for collection/testing.

5Q. Given that an amendment has now been issued for the above RFP that makes the RFLP methodology optional, how will the section be handled that made RFLP required for motherless tests, incest cases, etc.? This would be Attachment I, section 2(b)(iii).

5A. The RFP has only been amended to not require the proposers to furnish CAP proficiency testing accreditations for RFLP testing. It does NOT make the requirement for RFLP optional. RFLP is required in all cases outlined in Attachment I, Scope of Work, section 2(b)(iii), located on page 21. The RFP is clear that in the mentioned cases, BOTH a minimum 15 probes PCR test and minimum four probe RLFP test is required.

6Q. Although it is probably unlikely that 15-19 STR markers would be insufficient to conclude paternity in such cases, and we do have a capability to do RFLP testing by referring such cases out to another AABB accredited lab, it would appear that Louisiana will have to allow such a plan for these kinds of cases. Is that acceptable?

6A. Page 12, section 3.8 of the RFP provides subcontracting information if a proposer is not able to provide RFLP testing in its laboratory.

7Q. In Attachment I, Scope of Services, the Turnover Plan [Sec. 2(i)(iv)(6)] requires that partial samples at the end of the contract be sent in "refrigerated boxes" (emphasis in the RFP) to the new contractor. Since these are to be buccal swabs samples, refrigerated boxes should not be necessary. Will this really be a requirement?

7A. This RFP takes into consideration that genetic samples used for testing may be provided by more than just buccal swabs. In the past, contractors have required blood samples for RFLP testing. Additionally, DSS has over the years provided other forms of genetic samples, including tissue from deceased alleged parents. Therefore, the RFP will not be amended; however, DSS will accept the transfer of buccal swabs in the manner designated by industry standards and approved by AABB.

8Q. In the RFP, page 25 gives charts referring to "Number of Paternity Tests." May we presume that "tests" means "individual people" rather than complete

paternity (i.e., multi-person) cases? In other words, if we receive samples from a mother, a child, and an alleged father, to be compared with each other as a single paternity case, do you consider this one "test" or three "tests"?

8A. The captions on page 25 read "Number of Paternity Tests Completed." As the caption indicates, the numbers provided are for completed tests where results were provided, regardless of the number of children in the case, if it was a motherless case, etc. In the example provided in Question 7, the collection of samples from the mother, child, and alleged father to be compared with each other would be considered as "one" completed test.

9Q. In light of the fact that the State has defined PCR testing to be the preferred method of DNA analysis and the Amendment #1 allows for PCR and/or RFLP as two optional testing platforms to meet the minimum qualifications outlined in the RFP, would the State allow vendors to use HLA, Y Chromosome, *or* RFLP for the factual situations as stated on page 21, Section 2. (b)(iii), of Attachment I: Scope of Services?

9A. No. In cases outlined on page 21, Attachment I, 2(b)(iii), there will be no amendments to the RFP. DSS requires PCR and RFLP testing to reach a conclusion in those cases as outlined in this section. However, with the written approval from the SEDM, after an inconclusive result using both PCR and RFLP testing, then the proposer can use alternative forms of genetic testing.

10Q. Please provide statistics on the number of motherless tests, family study, incest, and mutation cases that were tested annually during the term of the current contract.

10A. DSS does not track, nor does it have, these statistics. Upon contacting the current contractors, this is what we were provided for calendar year 2006:

- **Motherless tests – 215 cases;**
- **Family study – one case;**
- **Incest – not tracked; and**
- **Mutations – 77 cases.**

11Q. What is the total anticipated number of motherless cases service providers might expect to encounter in an average year?

11A. Confer 10A. above.

12Q. What is the total anticipated number of special cases (deceased party cases or cases with unusual samples) service providers might expect to encounter in an average year?

12A. The total number of special cases (deceased party cases or cases with unusual samples) that we anticipate encountering is not tracked and no statistics are available.

13Q. Please provide pricing for each service provider under the existing contract.

13A. Under the existing contracts, DSS pay one contractor $63.00 per test and the other is $62.00 per test. These contract prices were for RFLP testing.

14Q. May we provide trained buccal swabs collectors instead of phlebotomists?

14A. As long as the contractor assumes full responsibility for the "buccal swab collectors" then they may be used instead of phlebotomists. However, if blood or other tissue is to be collected, then a phlebotomist is required.

15Q. Are the collection sites typically in the child support offices?

15A. Currently, the collection sites are not typically located in the child support district offices. The collection sites under the new contract will be determined on an office-by-office basis. If space is available in a district child support office and the district manager concurs, then collection may be performed in the child support office.

16Q. Are your offices currently performing any self collections?

16A. At the present time, there are only two or three offices in the state where child support staff collects the buccal swabs.

17Q. We have found many clients like to be able to do self collects after they are provided with the proper tools and training. This approach can also be very convenient and cost effective. Is there interest in going partially or completely to self collects?

17A. There has been interest in moving toward additional offices performing "self-collects"; however, at this time we are unable to predict how many offices are interested in taking part in this process. The proposer should not make any assumptions as to the quantity of "self-collects" which will be allowed or performed.

18Q. Can we wait to provide the list of subcontractors after the contract is awarded?

18A. No. The list of subcontractors must be provided prior to the awarding of the contract. Confer page 12-13, section 3.8.

19Q. The proposal contains language indicating Offeror's that use subcontractors may score lower than those that do not. At the pre-bid conference mention was made

that collections staff are not considered subcontractors by the State. Would an Offeror who uses local staffing only for collections receive a lower score even though it is common practice in the industry?

19A. Collection staff is not considered a subcontractor as it is understood that this is an industry-wide practice and the proposer would not receive a lower score.

20Q. If sample collectors/phlebotomists are not considered to be subcontractors, can you provide examples of an individual(s) who might be deemed a subcontractor as defined by your agency?

20A. As used in this RFP, an example of a subcontractor would be a contractor contracting with a second laboratory to perform some of the paternity testing that it is unable to perform in-house.

21Q. Is it acceptable to put larger documents (annual reports, quality assurance manuals) on CD-ROM in place of submitting hard copies?

21A. Yes, you may send larger documents, i.e., company's annual report, on a CD- ROM instead of hard copies; however, it is proposer's responsibility to send CD-ROMs that are readable and easily accessed.

22Q. Could you please clarify the difference between the references requested in Section 3 (Proposed Project Staff) and Section 2 (Corporate Background)?

22A. Attachment II, page 29, number 2, refers to references needed for the proposer/company. These references should be for both PCR and RFLP testing. Number 3 refers to staff references and should be included in or attached to their individual resumes.

23Q. What will be the determining factor for deciding whether there will be one or two vendors selected?

23A. The decision to award one or two vendors will be left to the Secretary of the Department of Social Services based upon the recommendation of the Evaluation Committee.

24Q. Provide clarification in section 3.2 for providing CAP proficiency testing accreditations. Does this mean to provide the actual results of the laboratory proficiency results from CAP?

24A. It is only necessary to provide documentation that proposer has received CAP proficiency testing accreditations. The actual results are not needed.

25Q. What will be the area of expertise for those individuals making up the evaluation team (i.e., child support, scientific, etc.)?

25A. The Evaluation Committee will be comprised of experienced child support staff working in both DSS and through contract district attorneys.

26Q. How many partials are collected in an average month?

26A. DSS does not track, nor does it have, this information.

27Q. How are current vendors storing partial samples?

27A. It is unknown how the current contractors store partial samples; however, they must be in compliance with AABB standard requirements.

28Q. What are the current collection sites per Parish?

28A. See chart below.

PARISH	Total Number of DNA Collection Sites per Parish
Acadia	0
Allen	1
Ascension	1
Assumption	1
Avoyelles	1
Beauregard	1
Bienville	1
Bossier	0
Caddo/Bossier	1
Calcasieu/Cameron	1
Caldwell	1
Cameron	0
Catahoula	1
Claiborne	1
Concordia	1
DeSoto	1
East Baton Rouge	1
East Carroll	1
East Feliciana	1
Evangeline	1
Franklin	1
Grant	1
Iberia	1
Iberville	1
Jackson	1
Jefferson	2
Jefferson Davis	1
Lafayette/Vermillion/Acadia	1
Lafourche	1

Lasalle	1
Lincoln	1
Livingston	1
Madison	1
Morehouse	1
Natchitoches	1
Orleans/Plaquemines/St. Bernard	1
Ouachita	1
Plaquemines	0
Pointe Coupee	1
Rapides	1
Red River	1
Richland	1
Sabine	1
St. Bernard	0
St. Charles	1
St. Helena	1
St. James	1
St. John the Baptist	1
St. Landry	1
St. Martin	1
St. Mary	1
St. Tammany	1
Tangipahoa	1
Tensas	1
Terrebonne	1
Union	1
Vermillion	0
Vernon	1
Washington	1
Webster	1
West Baton Rouge	1
West Carroll	1
West Feliciana	1
Winn	1
	59

29Q. Will service providers receive payment for partials and may we charge for partials after 30 days?

29A. Yes, contractor may receive payment for partial but cannot request payment until after 45 days following the collection(s). Confer Attachment I, Scope of Services, deliverables (3)(d) on page 26.

30Q. The technical requirement for resolution of paternity is a minimum of 15 PCR systems with a combined paternity index of at least 10,000 to 1. In motherless cases, cases of suspected incest, mutations, of allegations that first degree

relatives of the alleged father could also be a parent, the technical requirement is for use of 15 PCR systems and 4 RFLP probes. It should be noted that there are only 3 AABB accredited laboratories still conducting RFLP testing and in fact, since CAP requires a minimum number of 10 laboratories to participate in order to reach concensus, CAP does not even grade RFLP proficiency testing. Since the majority of the AABB accredited laboratories use PCR-based testing (98.34%), could the RFLP requirement be waived? Extensive PCR-based testing easily resolves motherless testing, mutations, incest, and related alleged fathers without use of RFLP. In addition, is the requirement for 15 PCR systems really necessary to resolve a standard paternity case? Certainly with a minimum combined paternity index of 10,000 to 1 with an average power of exclusion of 99.99% is achievable with a minimum of 9-10 PCR systems. A minimum of 4 exclusions is also achievable with a test battery of 9-10 PCR systems.

30A. No, RFLP cannot be waived is this RFP. Additionally, a minimum of 15 probes must be used in every case even though the threshold can be met with a lower number of probes.